

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028737

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3770

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 31 1963

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in lb

19 YRS

2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission)

a. STATE MISSOURI b. COUNTY JACKSON

c. CITY OR TOWN KANSAS CITY

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION General Hospital

Inside Limits

Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
1508 HARRISON

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Lettie

Middle

Walker

Last

4. DATE OF DEATH

Month

Day

Year

July 3, 1963

5. SEX

Female

6. COLOR OR RACE

Negro

7. Married

Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-27-1906

9. AGE (last birthday)

57

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

HOME

11. BIRTHPLACE (City and state or country)

WATER VALLEY, MISS. U.S.A.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

LOUIS SIMMONS

13b. MOTHER'S MAIDEN NAME

DAISY SHAW

14. NAME OF HUSBAND OR WIFE

JOHN WALKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of serv)

NO

17. INFORMANT

JOHN SHAW, K.C., MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

7-3-63

to 7-3-63

and last saw her alive on 7-3-63

Death occurred at

4:10

P

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

2400 Cherry

22c. DATE SIGNED

7-5-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

7-8-1963

23c. NAME OF CEMETERY OR CREMATORY

-

23d. LOCATION (City, town, or county)

CHICAGO, ILL

(State)

24. FUNERAL DIRECTOR

ADDRESS

A.M. HUDSON, K.P., MO.

25. DATE RECD. BY LOCAL REG.

7-5-63

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF
Frank Ellis MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

1

2 3278

3

4 3

5 1

6

7 1

8 2

9 420.1

10

11

12 57-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.